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ABSTRACT

Text, illustrations, and exercises are utilized in these four learning modules to instruct parents and nursing students in topics related to child care and development. The first module, "Growth and Development: Let's Test Your Baby's Reflexes" by Bonnie Wojcik, describes the behavioral signs that are indicative of eight normal primitive reflexes displayed by infants up to three months of age: the startle, magnet, crossed extension, tonic neck, trunk incurvation, dance or walk, mouth, and grasp reflexes. The second module, "Bathing the Newborn," was written by Katheryn Guthrie to teach nurses working in maternity wards how to bathe hours-old babies. The third module, "How to Bathe a Newborn" by Jane Hamilton, teaches expectant and new parents what materials are needed, how to hold an infant, and how to properly care for the baby's eyes. The fourth module, "My Child Has a Cleft" by Linda K. Nishinaka, helps parents cope with their emotional reactions to the birth of a child with a cleft lip and/or palate and discusses the role of the parent in assuring the child's physical and emotional well-being. Each of the modules provides sequential reinforcement exercises with immediate feedback and concludes with a post-test and accompanying answer key. The time required to complete the modules is specified, ranging from 20 to 30 minutes. (JP)

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HEALTH INSTRUCTION PACKAGES:

CONSUMER -- CHILD CARE

Modules prepared by:

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JC 810 295

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GROWTH AND DEVELOPMENT:

"LET'S TEST YOUR BABY'S REFLEXES"

By

Bonnie Wojcik

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TITLE OF PACKAGE:	Growth and Development: "Let's Test Your Baby's Reflexes"
AUTHOR:	Bonnie Wojcik
INSTITUTION:	Delta College, University Center, Mich.
INTENDED STUDENTS:	Mothers, nursing students, (can be used in Pediatrician's office), clinic nurses
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	Slide viewer: Baby or doll
REVISED:	November 15, 1977

NOTE: It is essential that the 16 slides provided with this package remain with the unit for all student/consumer's use.

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INTRODUCTION

This material is intended for the use of the inexperienced or curious mother. There are several reasons why a learning packet such as this one is designed for your needs.

Often a new and inexperienced mother becomes anxious and frustrated by her infant's un-coordinated movements. He/she startles easily, and is subject to tremors and cries for reasons unknown to her. As the subject of feeding is very important at this period, knowledge of reflexes may help you identify behaviors related to your baby's readiness for feeding in contrast to a cry for something else.

Reflexes are important guides of the baby's normal development. Their presence or absence at certain periods may mean some abnormality in your child's nervous system. However, it is very important for you to know that rate of development varies; your baby's nervous system can be expected to be immature until several months or years when your child learns how to control muscle movements. Your knowledge of newborn reflexes can also help you develop safety measures for your child and means of meeting his/her early needs.

There are several reflexes in the newborn which we term "primitive reflexes" because the child is born with them. They are necessary for the infant's survival because he has not developed control over his body yet. This learning package will help you identify eight normal primitive reflexes applicable to infants up to 3 months of age (most of the reflexes will be substituted by learned actions after that age).

Remember, the content of this teaching material is not diagnostic, rather it deals with your ability to identify and test normal reflexes of the newborn.

The newborn's response to the stimuli presented to him is generally predictable.

In the event that you noticed extreme difference in your child's response, or prolongation of the reflexes over and beyond their predicted disappearance, a talk with your physician can clarify matters for you.

PRACTICE EXERCISE #1

Startle Reflex (Moro)

In normal infants the startle reflex is equal on both sides of the body. This reflex disappears by the time the child is about 3 or 4 months old.

The startle reflex consists of bringing in or folding of arms and stretching them back out. This is followed by bringing in again of the arms as if the child is about to embrace an object. This activity is very quick and only lasts a few seconds. It can be brought about by a loud noise, a change in position or jarring of a crib.

PRACTICE QUESTION #1

Examine slide 1. The infant is lying on his back.

A sudden jarring of the baby's bed is applied.

1) After reading the input portion and examining the slide, can you predict how the baby will react?

2) Now, let's test this reflex on your own baby. Is your baby's reaction equal on both sides of the body?

FEEDBACK

The correct answers are:

1) The baby reacted by

   a. appearing startled

   b. bringing his arms forward in an embracing motion

2) The reaction is equal on both sides of the body.

If the above response does not appear, try the practice again. Perhaps the stimulus, such as clapping and jarring of bed, is not hard enough.

PRACTICE EXERCISE #2

Legs push (Magnet reflex)

With the child lying on his back (supine position) and the lower extremities slightly bent, a light pressure is applied to both soles of feet with thumbs. Normally, the legs will push back at your thumbs as long as you maintain contact with the baby's soles.

PRACTICE QUESTIONS #2

Examine slide No. 2

The newborn is in a supine position.

A light thumb pressure is applied on soles of feet.

1) How would your baby react?

_____

_____

2) Test this one on your own baby. Did he/she push back at your thumb when you apply pressure at his soles?

Yes _____ No _____

FEEDBACK

The correct answers:

1) The baby's legs should push back at my thumb.

2) No? Check the position of the baby's legs before you apply the finger pressure. Both legs must be in a slightly bent position before you apply the thumb pressure. You might also increase the thumb pressure. You might not be applying enough.

PRACTICE EXERCISE #3

Pushing Away (Crossed Extension Reflex)

With the child lying on his back, the observer pulls one of the newborn's legs straight and presses the knee down against the bed. Stimulation of the sole of the immobilized leg will cause the other leg to pull up and quickly kick back, as if the child is trying to push your hand off the other foot.

PRACTICE QUESTION #3

Examine slide No. 3. The newborn is in a supine position. The examiner applied a light pressure against the baby's knee, pushing that same leg down to straighten out. The sole of the foot (immobilized leg) is stimulated by a light stroke at the sole either by a pin or the index finger.

1) How should the baby react with the other free leg?

_____

_____

2) Check your baby this time. Did he/she react to the stimulus?

Yes _____ No _____

FEEDBACK

The correct answers:

1) The free leg pulled back and back as if trying to push the hand off the immobilized leg.

2) No? Try again. Chances are the pressure on the knee and sole of the foot is very light.

You can also use your index finger instead of a pin in stroking the sole of the foot.

PRACTICE EXERCISE #4

Fencing Position (Tonic Neck Reflex)

This is a classic pose in a normally relaxed newborn lying on his back. With the head turned to one side, the arm and leg on that side are extended or somewhat straight while the opposite arm and leg are bent close to the body. If the head is gently moved to the opposite direction, the position of the arms and legs reverses (it is normal to expect that the arm or leg may not stretch out fully).

PRACTICE QUESTION #4

Examine slide No. 4. The child is lying on his back with head turned toward his right shoulder.

1) What is the position of the right arm and leg?
2) If the head is turned toward the left, what can you expect that the right arm and leg will do?
3) If you are examining your own baby, did he/she follow the predicted reaction?

   Yes _____ No _____

4) Did both arms and legs react as expected?

   Yes _____ No _____

FEEDBACK

The correct answers:

1) The right arm and leg are straight or extended.

2) The right arm and leg will bend and be brought closer to the body.

3) No? Try the procedure again when the baby is more relaxed or even when asleep.

4) No? Do not be alarmed. It is normal to have only one of the arms or legs react as predicted.

PRACTICE EXERCISE #5

Dance or Walk Reflex

This reflex usually fades away by the time the child is 4 weeks old. The infant is held in standing position so that the soles of his foot touch a hard surface. The infant will lift up one leg followed by the other as if walking or dancing.

PRACTICE QUESTION #5

Examine slide No. 5. The child is held below the armpit in a standing position. The soles of his feet are touching the table.

1) Can you predict how the baby reacted?

_____

2) Test your baby now. Pick and stand him/her gently with feet touching the surface of the table. Did your baby react to the procedure?

Yes _____ No _____

FEEDBACK

1) The baby will lift up one leg followed by the other, as if walking.

2) No? Try again when your baby is fully awake. A sleepy baby may not cooperate in performing this task.

PRACTICE EXERCISE #6

Body Curve (Trunk Incurvation Reflex)

With the baby lying on his abdomen, a very light stroke of finger or safety pin is applied along the spine. He will bend his body with his hips swung toward the side where the stroking is coming from. If this reaction is not seen in the first few days after birth, it will usually appear by the fifth or sixth days.

PRACTICE QUESTION #6

Examine slide No. 6. The child is lying on his stomach. A slight stroke of the index finger is applied along the spine of the child

1) How do you think the baby will react to this stroking?

_____

_____

2) Check your baby. Did he/she react to the stimulus?

_____ Yes

_____ No

FEEDBACK

The correct answers:

1) He will bend his body with his hips swung towards the side where the stroking is coming from.

2) No? Remember, some babies may not respond until they are 5 or 6 days old.

PRACTICE EXERCISE #7

Mouth Reflexes (rooting, sucking, swallowing, gag)

These reflexes are involved in feeding. These are elicited when the corner of the newborn's mouth is slightly touched. The head and the tongue will move toward your finger. The child will have suckling and swallowing responses whenever anything brushes his lips. These reflexes are usually present when the child is hungry. The gag reflex operates when the infant takes more food than he can swallow.

PRACTICE QUESTION #7

Examine slide No. 7. The child is held up and a slight touch of the finger is applied on one side of the mouth.

1) How would the child react to this stimulus?

_____

_____

2) Now, try touching the side of your baby's mouth after his feeding. Did the child react the same?

Yes _____ No _____

FEEDBACK

The correct answers:

1) The baby will

   a. Turn his head towards the direction of the finger.

   b. The tongue will move at the direction of the finger.

   c. He will suck.

   d. He will swallow.

2) Yes? Your child is still hungry.

   No? Your child is fully satisfied and will not respond to the stimulus until he is hungry again.

PRACTICE EXERCISE #8

Grasp Reflex

This reflex is present at birth in both the hands and feet. The infant will grasp any object placed in his hands, cling briefly and let go. At the feet, when the soles are stroked the toes will turn downward as though trying to grasp.

PRACTICE QUESTION #8

Examine slide No. 8. The examiner places her index finger against the newborn's palm.

1) Can you predict how the baby will react?

_____

_____

2) Now examine your own child. Slightly pull your finger away from his grasp. What did he do?

_____

_____

FEEDBACK

The correct answers:

1) The infant will grasp the finger, cling briefly and let go.

2) My newborn clung momentarily at my finger and then let go.

9. Analyze performance of skill.

Up to this point you have performed tests for eight reflexes in the newborn. How do you rate your performance of this test? Indicate by an X for your choice. You may choose more than one answer.

1) I understood and followed instructions correctly. _____

2) Moderately hard to understand and do. _____

3) I took too much time doing the skills. _____

4) I found the program relevant to my needs. _____

5) Not relevant to my needs. _____

6) I enjoy doing it. _____

7) I do not enjoy doing it. _____

8) If you were to re-do any particular skill in this material, which one would it be? Indicate briefly in your own words.

_____

_____

10. PRACTICE EXERCISE FOR OVERALL OBJECTIVE

Neurological responses in the newborn. You have now identified the eight reflexes and have tested them in your child. Familiarizing yourself with them will help you understand their movements and behaviors. The reflexes you have studied are:

Startle reflex

Dance or walk reflex

Leg push

Pushing away

Fencing

Body curve

Mouth

Grasp

You can actually use some of these reflexes in checking if your child is hungry (mouth reflex) or can hear (startle reflex) or can feel objects with his feet (pushing away or legs push).

1) See if you can remember some of them. In your own words, state in the blanks below what reflex(es) you can use to test if the baby is

   a. hungry? _____

   b. kicks object by his feet? _____

   c. can hear? _____

2) Lastly, what are the eight reflexes you have just learned in this program?

   a. _____ e. _____

   b. _____ f. _____

   c. _____ g. _____

   d. _____ h. _____

FEEDBACK

The correct answers:

1) a. mouth reflex

   b. legs push or pushing away (This is very important since your child will become more active as long as he can feel something by his feet.) You can prevent accidents such as falling off the bed or bathroom sink. When placed specially on his abdomen, your child will "crawl" even at a very early age.

2) a. startle

   b. body curve

   c. mouth

   d. legs push

   e. fencing

   f. pushing away

   g. dance or walking

   h. hold or grasp

Did you get them all correct?

Congratulations! Now you are ready to take the post test.

POST TEST

1. Examine slides numbered 9 - 16. Match the names of the reflexes in Column A to the slides listed in Column B.

Column A	Column B
a. Dance or walking	Slide # (9) _____
b. Body curve (trunk incurvation)	(10) _____
c. Mouth (rooting, suckling, swallowing)	(11) _____
d. Legs push (Magnet)	(12) _____
e. Fencing (tonic neck)	(13) _____
f. Pushing away (crossed extension)	(14) _____
g. Hold (Grasp)	(15) _____
h. Startle (Moro)	(16) _____

2. Match description to name of reflex:

1) Startle _____ 3) Pushing away _____

2) Legs push _____ 4) Mouth _____

A. Stimulation of sole of one foot causes other foot to pull up and kick back.

B. Infant's arms fold as if embracing and stretch back out.

C. Infant's legs straighten and push while examiner maintains contact with the soles of the infant's feet.

D. Infant's tongue and head move towards the direction of the fingers.

3. Define the following words in terms of what infants will do.

1) Dance or walking reflex 3) Body curve

2) Grasp reflex 4) Fencing position

4. Multiple Choice:

A. Which action will you take to bring a startle response from the infant?

1) a tap on the baby's head

2) clap on baby's back -- burping fashion

3) clapping to make a loud noise

4) a stroke on patient's side of face

B. In eliciting body curve the child must be

1) lying on his back

2) standing

3) lying on his abdomen

4) sitting

C. The stimulus for body curve must be applied along the

1) soles of the feet

2) along the spinal column

3) side of the mouth

4) back of the palm

D. In fencing position reflex, you will expect the child whose head is rotated to the right to have

1) right arm and leg extended; opposite arm and leg bent.

2) left arm and leg extended; opposite arm and leg bent.

3) right arm bent and right leg extended.

4) left arm extended, right leg bent.

ANSWERS TO POST TEST

1. Slide #9 h
   10 d
   11 c
   12 e
   13 g
   14 b
   15 c
   16 g

2. Matching:
   1) B
   2) C
   3) A
   4) D

3. Definitions:
   1) Dance or walk -- the child when held in an upright position with feet touching a hard surface will start to lift one foot up as if ready to walk.
   2) Grasp reflex -- the infant will grasp any object placed in his hands.
   3) Body curve -- child will curve his body and swing hips to the side that is stimulated.
   4) Fencing position -- if the infant's head is turned to one side, the arm and leg on that side is straightened out or extended. If the head is turned the opposite way, a reversal of the position of the arms and legs follows.

4. A) 3

B) 3

C) 2

D) 1

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BATHING THE NEWBORN

by

Katheryn Guthrie

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TITLE:	Bathing the Newborn
AUTHOR:	Katheryn Guthrie
INSTITUTION:	Merritt College, Oakland, Calif.
INTENDED STUDENTS:	Nursing (LVN, RN, Aides)
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	Two baby blankets; wash cloth; shirt; diaper; soap or Phisohex; available water - possibly a tub; and doll.

FIELD TEST COPY

NOTE: The Post-Test for this learning unit requires a second person to check a performance list as the student bathes a doll.

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INTRODUCTION

Bathing the baby is an essential function of a nurse working in the maternity unit of any hospital. It is also a skill that the student is expected to perform and is required by most nursing instructors! It is a basic function, but a very important one.

Bathing is also a function the mother must perform when she takes the baby home. Most mothers will have many questions about the procedure and will expect answers from you. The new mother will usually want to actually <u>see</u> the bath demonstration and possibly to get a chance to practice it herself before she returns home. Before showing a mother how, <u>you</u> need to know how.

This instruction kit is offered in the hope that it will prepare you for the experience of bathing the hours-old baby. Hopefully, with knowledge gained you can better teach your patient basic principles. With several opportunities to practice on a real baby to raise your confidence level, you should be able to do the procedure in front of the mother, teaching as you go!

OBJECTIVES OF UNIT

The student will demonstrate that he/she can bathe a baby in a safe manner in the newborn nursery. (simulated)

The student will:

1. State why a tub bath is not given until the umbilical cord area is completely healed.
2. State why Phisohex is used for the initial admission bath.
3. (Gain organizational skills by) gathering supplies in advance before starting.
4. Hold and position baby in arms and crib in a gentle, secure manner that facilitates cleanliness of head, torso and extremities.
5. Minimize heat loss and subsequent lowering of body temperature in the infant and state rationale for this intervention.
6. Get the baby clean enough for mother's satisfaction and understanding and instructor's expectations.
7. Feel confident enough to discuss principles and techniques with mothers assigned to their care.
8. Be willing to supervise other students in the procedure in the instructor's absence.

PRACTICE EXERCISE #1

A sponge bath is recommended until the cord has fallen off and the area is healed. You do not need to be concerned if the cord becomes wet by running water from the tap or clean water in the tub. But you do not want to put the baby's body into the tub because he may have organisms on his body, especially from his rectal area which could then be carried to the cut cord. This water, therefore, is not clean water. The cut cord is an open wound and offers a ready portal of entry for organisms.

Practice Question #1

1. Sponge baths are given until the cord stump is healed for the following reasons:

   a. The newborn is too small to be placed in a tub,

   b. Water on the cord prevents it from drying,

   c. The unhealed cord represents a disruption in body structures and defense,

   d. Water can act as a transfer medium for organisms

Feedback

Statements c & d are correct. You might have considered statement b, but the brief period that the cord is wet will not interfere with drying.

PRACTICE EXERCISE #2

In view of the increase in staphylococcal infections in newborn nurseries, in many centers an initial sponge bath with a liquid detergent containing 3% hexachlorophene (Phisohex) is used with special attention to the cord and genital areas. Staphlococcal infections are life-threatening to the newborn who has poor anti-body response. Plain water or water and a mild soap may be used on subsequent days. Prior to discharge, the sponge bath--hexachlorophene may be repeated. Daily baths with Phisohex are no longer recommended because of evidence which suggests CNS damage following prolonged exposure. We do not use hexachlorophene on areas where there is a break in the skin, such as an abrasion from a forcep mark.

Practice Question #2 (One answer only)

3% Hexachlorophene (Phisohex) is used for the admission bath to the newborn nursery because:

a. The threat of staphlococcal infection to the newborn overrides the threat of CNS damage.

b. It is less expensive than soap.

c. It is less likely to cause rash than Ivory soap.

d. It is dispersed in a clean manner.

Feedback

The answer is a. When evidence arose that Phisohex could be dangerous, many hospital nurseries abandoned its use. These nurseries then found that routine cultures done on newborns showed a considerably higher rate of staphlococcal growth than was experienced previously.

PRACTICE EXERCISE #3

All equipment, clothing and supplies should be assembled in advance. This allows for better organization of your time and cuts down on exposure time of baby. The bathing area should be 75 to 80°F and free from drafts. The water for the bath should be about 98 to 100°F. Test by feeling with elbow. It should feel warm.

For the hospital bath you will need two bath blankets, a wash cloth, a clean shirt, diaper and crib sheet, and warm tap water either directly from the tap or in a clean tub.

Practice Question #3

What supplies will you gather in advance?

Feedback

Two bath blankets
washcloth
clean shirt
diaper
crib sheet

PRACTICE EXERCISE #4

You are now ready to bathe the baby. You normally proceed from the "cleanest" areas to those "most soiled" thus face, scalp, upper extremities, lower extremities, and finally buttocks and genitals.

Wrap a blanket around the baby's arms and body, leaving his head exposed. Pick him up and put him securely in your arms, using the "football" hold. (Refer to diagram.)

With your free hand, wash his face with clear water and your bare hand. Then wash his head thoroughly with Phisohex and water with your bare hand or a Phisohex sponge. Rinse head carefully under running tap water or hold baby with his head over basin and rinse with cloth and warm water.

Practice Question #4A

For maximum safety, while bathing the face and head, the newborn should be held in what position?

Feedback

You should answer, "In the football hold."

Now place the baby in the crib and open blanket with your hands well soaped with Phisohex. Start at the neck area, go on to the arms and hands and continue down the trunk and legs. Turn him on his side and do his back and then turn on back and wash genital area. You may use a wash cloth if you prefer but bare hands are a quicker means of bathing and you want to minimize chilling.

Practice Question #4B

To bathe the body extremities quickly and safely: (Choose one correct answer.)

a. drape baby over your left hand and wash with right hand

b. use the Phisohex sponge you used for the hair

c. use your bare hands

d. use cotton balls

Feedback

You want answer c (use your bare hands).

Once clean, you are ready to rinse. You may notice nurses at your hospital rinsing the baby by placing his body under the running tap water. As I almost go into cardiac arrest when I see students trying this, spare me. Don't! Instead use a very wet wash cloth and squeeze it over him, rewetting as necessary to remove all of the soap. Rinse front and back and then dry. Place him in a warm blanket in your arms while you dry the crib and put on a fresh crib sheet. Replace baby in crib and dress. Wrap snuggly with two blankets after initial bath.

Practice Question #4C

To rinse baby: (Choose one correct answer.)

a. place in crib

b. use a wash cloth

c. use lots of warm water

d. keep wash cloth very wet

e. all of above

Feedback

You should choose answer e (all of above).

PRACTICE EXERCISE #5

I have mentioned bathing quickly and also wrapping baby as you bathe the head. Why am I so concerned about chilling? The temperature-regulating mechanism (hypothalmus) of the newborn is not fully developed at birth or functioning optimally; thus his heat production is somewhat low, and he responds readily to environmental heat and cold stimuli. We want to avoid subjecting the baby to wide variations in temperature.

Practice Question #5

What is the chief reason for the newborn's response to environmental temperature changes?

Feedback

The temperature-regulating mechanism of the newborn is not fully developed at birth.

PRACTICE EXERCISE #6

In the hospital situation, after bathing the baby you will be taking the baby to his mother. Mothers will want to "have a good look" at their babies at this time. They may notice that you have removed all of the blood which is a good culture medium for organisms but have not tried to remove all the vernix, or have failed to do so. Vernix caseosa or "cheesy varnish" is a layer of fatty matter which covers the skin of the fetus. The vernix caseosa serves to protect the skin, now and in utero. It will disappear spontaneously in about 24 hours. Because the skin is also very delicate it could easily be irritated or even broken by vigorous scrubbing to remove vernix. Only oil will remove it easily.

Practice Question #6

When bathing the baby we do not attempt to remove all the vernix because:

a. the skin could be irritated by vigorous scrubbing
b. vernix is protective at this time
c. the mothers will want it left on
d. vernix is only readily removed by application of oil
e. all but c

Feedback

Your answer should be e (all but c of above)

Now that you have learned proper bathing procedure, please answer the following Post Test questions to check your memory. The final assignment will then be to wash a doll while a colleague checks your performance on the checklist provided.

POST-TEST

1. A tub bath is not given until the cord stump is healed because: (one answer only)

   a. the cord must be kept dry
   b. the baby would be unduly chilled
   c. organisms from the rectal area could be carried to the cord area by the water in the tub
   d. the baby might swallow the bath water

2. Phisohex is used in many hospitals for the admission bath because: (one answer only)

   a. it rinses off more readily
   b. it removes blood and vernix better than soap
   c. it possesses antibacterial properties
   d. it has a pleasant smell

3. List the preparations you anticipate before undertaking the procedure.

4. A. While bathing the face and head, the correct position for the baby is: (one answer)

   1) being cradled in your left arm
   2) held in the "football" hold
   3) lying on his back in the crib
   4) being held in Semi-Fowlers position in the crib with your free arm supporting his head

4. B. To bathe the body and extremities of the newborn: (more than one answer may be correct)

   1) hold him cradled in your left arm as you wash him with your right arm
   2) use your hands to "suds" him well
   3) place him on the flat surface of the crib
   4) wash him with a soft wash cloth

4. C. To rinse the baby: (one answer)

   1) use a well wrung wash cloth with warm water
   2) use a very wet wash cloth with warm water
   3) place him in a tub of warm water
   4) wave baby under warm running water
   5) don't rinse off Phisohex

5. A. Newborns respond rapidly to temperature changes in the environment primarily because: (one answer)

1) they have little fat as insulation
2) their BMR is low
3) their heat regulatory mechanism in the hypothalmus is not functioning optimally as yet
4) they lose much body heat by crying

5 B. To minimize the change of baby's body temperature falling below 97°F while bathing, you:

1) wrap body of baby in a blanket while bathing face and head
2) use water that is warmer than body temperature and feels warm to your elbow
3) bathe quickly
4) wrap in warmed blankets after bath
5) all of above

6. After taking bathed baby to mother for first inspection since delivery room introduction, the mother states, "I see he still has that 'white stuff' in his creases"; your best first response is:

a. "I guess I didn't scrub him hard enough"
b. "He is a little premature, you know"
c. "That is called vernix and was protective while he was in the uterus. It disappears in 24 hours."
d. "Don't worry about it. It will go away."

7. List three points of information you would include when talking to a new mother that you have learned from this module.

8. Do you feel confident enough to help other students with the procedure in the event of the instructor's absence?

9. Now gather your equipment and proceed with bathing the doll. You will be bathing a real baby in the clinical area. Your instructor or another student will use the check list on Page 16.

ANSWERS TO POST-TEST

1. c

2. c

3. Assemble supplies. Have on hand a wash cloth, at least two bath blankets, soap, clean shirt and diaper plus a crib sheet. Prepare water for bath.

4A. 2)

4B. 2) and 3)

4C. 2)

5A. 3)

5B. 5)

6. c

7. Points to be included from what you have learned in the pre-test:

Gather equipment in advance

Avoid chilling — You could mention warm room, no drafts, keeping baby wrapped as much as possible during procedure, temperature of water for bath, etc. but these points are not essential to passing test. If you feel mother is receptive and intellectually able to comprehend the "whys", give rationale for this.

Do not submerge baby's body in tub until cord area is completely healed. Define to mother what "completely healed" implies. You may have to consult your text book or instructor for the answer to this.

8. I don't know what your answer was, but I hope you will feel confident enough to assist another student in case I am not available for help at this time.

9. A check list is provided on the next page.

CHECK LIST

_____ Prepares water at proper temperature.

_____ Wraps body and arms of baby with blanket before proceeding with bathing of face and head.

_____ Holds baby in "football" hold while bathing head (scalp) and face and while rinsing.

_____ Bathes remainder of baby with baby flat in crib, using either hands or wash cloth.

_____ Rinses thoroughly. Dries well.

_____ Dresses and wraps securely.

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HOW TO BATHE A NEWBORN

By

Jane Hamilton

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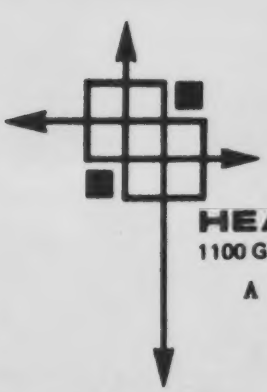
TITLE OF PACKAGE:	How to Bathe a Newborn
AUTHOR:	Jane Hamilton
INSTITUTION:	Central Michigan Community Hospital, Mt. Pleasant, Mich.
INTENDED STUDENTS:	Expectant parents and new parents
ESTIMATED WORKING TIME:	20 minutes
MATERIALS NEEDED:	A doll close to newborn size
REVISED:	Nov. 15, 1977



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INTRODUCTION

Congratulations on your new baby! Now that the baby is here you are probably thinking what a great responsibility caring for your new baby will be.

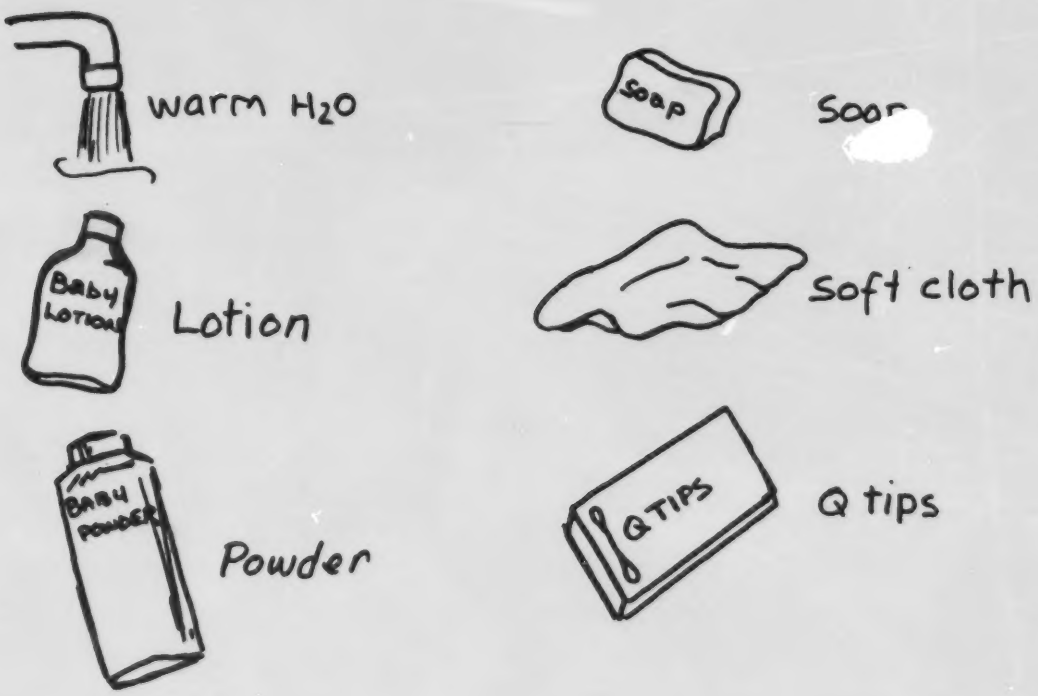
With this booklet, you will be able to teach yourself how to properly bathe a newborn. You will be able to select the items needed for a bath, learn the correct way to hold an infant and take proper care of your baby's eyes. But, basically you will learn how easy it is to bathe a newborn.

This package hopefully will give you some medically sound practices used in bathing a newborn and the boost your confidence may be needing. So, relax and be prepared to enjoy your baby!

When bathing a baby, warm H_2O and a soft cloth, like a washcloth or softnet, is all that is necessary. Doctors at our hospital feel a baby has its own natural oils; lotion is <u>not</u> necessary and soap would destroy the oils. Many babies already have slightly dry skin so powder will only destroy natural oils. Also, Q-tips are dangerous as a baby may move suddenly and ear damage could result.

Be sure that you gather all your equipment before beginning the bath, so that you will <u>NEVER FOR ONE MOMENT</u>! leave the baby alone in the bath.

1. What items are necessary for bathing a newborn? (Please circle.)



ANSWER

Warm H_2O and a soft cloth are all that are necessary in bathing a newborn.

There are two main ways to hold an infant securely. In the "football carry", one hand supports the baby's neck and head, your hip supports the rest of the baby's body and your other hand is free. This is a good hold when you shampoo the baby's hair.

In the "In-Arms carry", one hand again supports the head and neck and the other grasps the thigh farthest from you.

2. After studying the drawings, demonstrate the "football carry" and"In-Arms carry" with the doll. Then, refer back to drawings to be sure you are doing it correctly and make a check mark on the answer sheet to note your success.

ANSWER

Don't be discouraged if you feel uncomfortable trying to hold the baby securely. That is normal. But with the correct hold, it won't be long until you do feel confident.

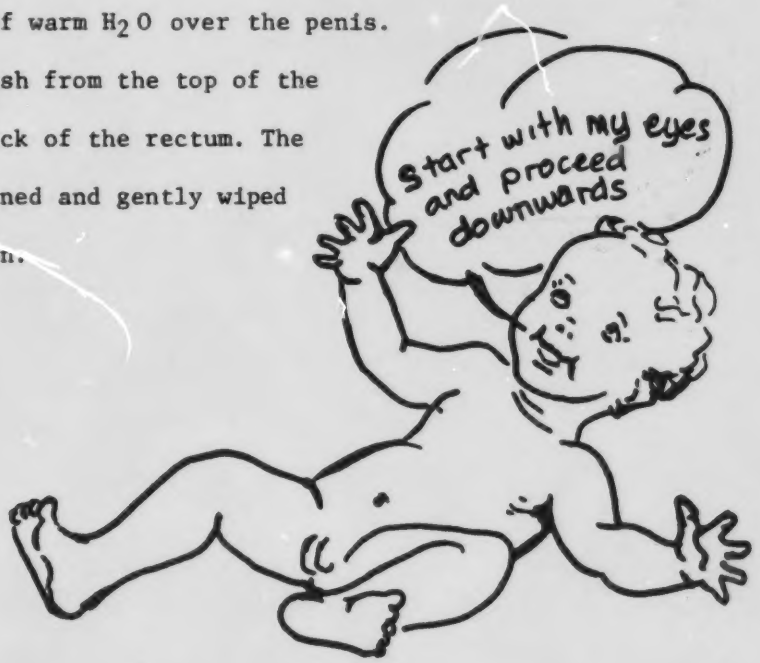
A sponge bath is given to a newborn in order to prevent infection of the umbilicus (cord) and to keep it dry. If the umbilicus is kept dry, it will drop off in one to two weeks. Then a tub bath may be given.

3. Without looking back, write in your own words two reasons why a sponge bath should be given to a newborn.

ANSWER

A sponge bath is given to a newborn in order to prevent infection of the cord and to keep it dry, so that it can eventually drop off.

When bathing a newborn, start with the eyes first, then progress respectively to the head, upper body, lower body, and lastly, the genitalia. Always wash from the cleanest area to the dirtiest. In circumcised boys, squeeze a saturated cloth of warm H_2O over the penis. In girls, always wash from the top of the genitalia to the back of the rectum. The labia should be opened and gently wiped in a downward motion.



4. Number the following areas according to the sequence in which they should be washed.

_____head

_____lower body

_____eyes

_____genitalia

_____upper body

(practice with a doll)

ANSWER

You were on your toes if you listed the areas in this sequence: 1) eyes; 2) head; 3) upper body; 4) lower body; 5) genitalia

When washing a newborn's eye area, always use a separate cotton ball for each eye. If one eye has an infection, this practice will prevent the spread of infection to the other eye.
Also, in washing a newborn's eye area, wash from the inner eye to the outer eye. This prevents blocking the tear glands with mucus.

3. 1) In washing a newborn's eye area, in which direction do you wash?

2) In washing a newborn's eye area, how many cotton balls do you use?

3) Why are these practices important? (Practice with a doll.)

ANSWER

1) B

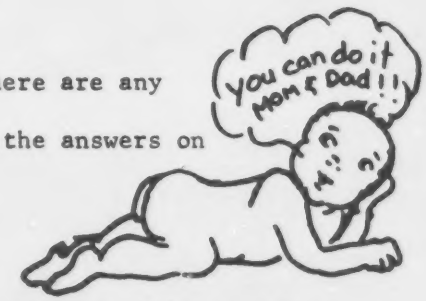
2) 2 cotton balls

3) These practices are important to prevent the spread of infection and to prevent the blocking of tear glands.

For a quick review, take the test on the next page.

Please do not write on this page - use the Answer Sheet.

POST TEST



For a quick review, take this test to find if there are any areas which need to be reviewed. You will find the answers on the next page.

1. Circle the items the doctors feel are necessary for giving a bath.
   (See the Answer Sheet)

2. Demonstrate with a mannequin the "Football carry" and "In-Arms carry".

3. List in order the correct sequence for bathing a newborn.

   _____upper body

   _____eyes

   _____genitalia

   _____head

   _____lower body

4. List the two most important practices in newborn eye care. Why are these practices important?

5. Why should sponge bath be given to a newborn?

FEEDBACK

1) Warm, H_2O, soft cloths

2) Per drawings

3) Eyes, head, upper body, lower body, genitalia

4) Use separate cotton ball for each eye to prevent spread of infection. Wash from inner eye to outer eye to prevent blocking tear glands.

4) To prevent infection of the cord and to keep it dry so it will drop off.

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MY CHILD HAS A CLEFT

by

Linda K. Nishinaka

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TITLE OF PACKAGE:	My Child Has a Cleft Lip/Palate
AUTHOR:	Linda Nunn Nishinaka
INSTITUTION:	University of North Carolina, Chapel Hill, N.C.
INTENDED STUDENTS:	Parents of child with cleft
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	None
REVISED:	June 1, 1977

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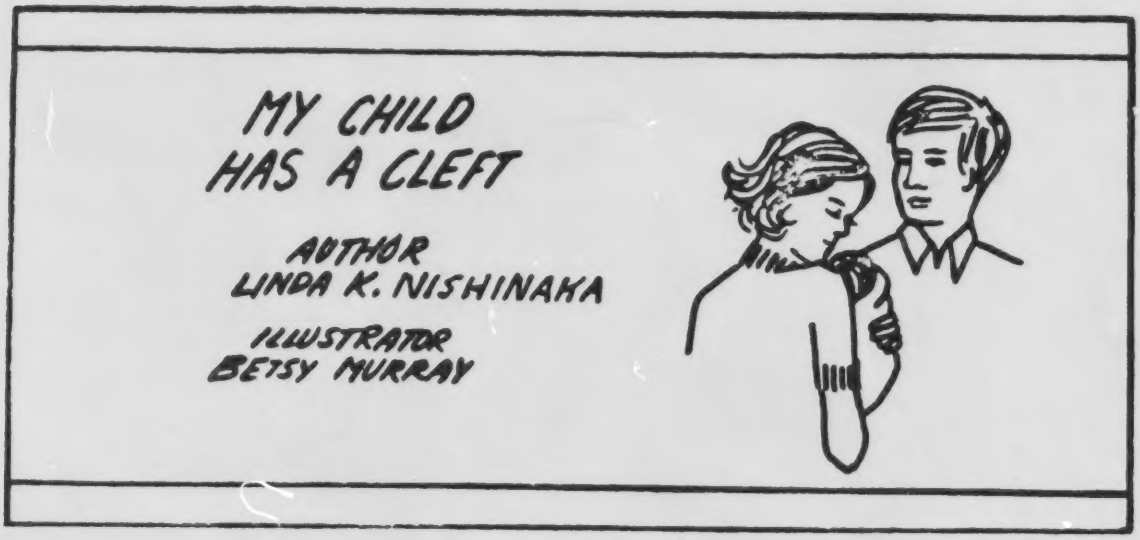


As a parent of a cleft child with a cleft lip and/or palate, you may have some feelings and concerns that you do not realize are shared by many others. However, you may not know with whom to talk about your worries about your child, your chances of having another child with a cleft, or what information to share with your child's teacher. You may not know that the birth of a baby with a cleft lip and palate is a fairly frequent happening.

This unit is written to help you understand and deal with your feelings and those of your child. There are helpful sections on talking with professional health people and with teachers.

You may think that the birth of a child with a cleft lip and/or palate is a rare happening. Actually, it is fairly frequent. Out of every 600 to 1,000 babies born, one baby will have a cleft lip or palate or some combination thereof.

Births		
600 to 1,000	--	1 cleft baby

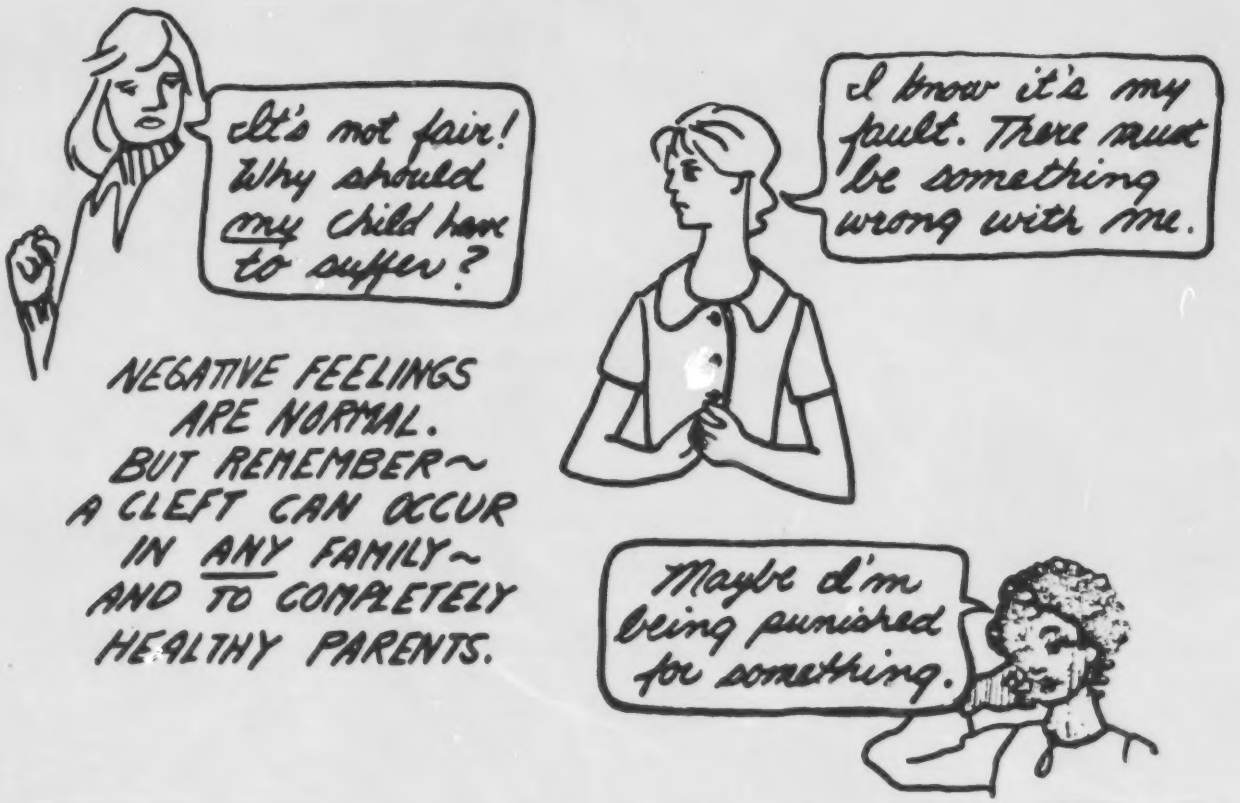
1. In the space below check which is correct.

   1) ____About one baby of every 100,000 born has a cleft lip and/or palate.

   2) ____About one baby of every 600 to 1,000 born is a cleft lip and/or palate baby.

If you said yes to number 2, you are entirely correct!

Though the birth of a cleft child is fairly frequent, you as a parent may have expected that your baby would be completely without any problems. As a result, you may feel shocked that this could have happened to you. You may also feel anger, guilt, pity, revulsion, anxiety, disappointment or sorrow.


It's not fair! Why should my child have to suffer?
I know it's my fault. There must be something wrong with me.
NEGATIVE FEELINGS ARE NORMAL. BUT REMEMBER~ A CLEFT CAN OCCUR IN ANY FAMILY~ AND TO COMPLETELY HEALTHY PARENTS.
Maybe I'm being punished for something.

Soon after birth, most parents are able to begin to think about their child as one who needs love and care as does any other child. This does not mean all negative feelings automatically vanish; in fact, some of the feelings mentioned above may last for months or years, but most parents do begin to realize that there is much they and professionals (doctors, dentists, speech therapists, teachers, etc.) can do to help the child live a normal, fulfulling life.

2. Indicate which is true or false by writing in the spaces below:

1) _____ Shock, anger, and disappointment are normal reactions to having a cleft palate child.
2) _____ Feelings of surprise and sorrow at not having a perfect baby may last for months, even years.
3) _____ Most parents cannot respond to their clefted child as having the need to be loved and cared for as any other baby.

If you said true to 1 and 2, and false to 3, you are doing well! Number 3 is false because most parents do begin to see their cleft palate child as a child who can grow up to live a normal life with love and special care from professionally trained people who know how to treat the condition.

Parents sometimes have guilt feelings that it is their fault for producing a child with a cleft palate. Guilt is a common reaction as has already been mentioned. Many parents feel they are in some way responsible for producing a baby with a cleft. However, many perfectly healthy mothers have babies with clefts. Searching for a reason that a child has a cleft is like trying to decide why people have traffic accidents. Traffic accidents happen to all kinds of people from different income groups, religions, beliefs, etc. Having a traffic accident does not mean you are a bad person. Just remember the cleft is not your fault, a cleft can happen in any family. If there were any way to prevent the cleft you would have taken the step to do so, but now living with it and helping yourchild get the attention and treatment he needs is most important.

Some superstitions teach that a cleft is the result of the mother being frightened during pregnancy. Most assuredly, clefting is not produced by the mother being frightened during the pregnancy.

Doctors have studied the condition carefully, but they have not been able to determine what causes cleft palate in a given situation. However, one clue is that sometimes cleft lip and/or palate does run in families -- one or more relatives may have the condition. No matter what the cause might be, parents should not blame themselves.

3. Check the statements below that are correct:

1)_____Parents often feel guilty about having a cleft child.

2)_____Doctors know all the reasons for cleft.

3)_____Parents should not blame themselves for having a child with a cleft.

If you checked 1 and 3, and left 2 blank, you are right. Number 2 is false because as indicated above, doctors have been unable to find specific causes for cleft palate under any controlled conditions.

As mentioned before, one clue is that sometimes cleft runs in families -- one or more relatives may have the condition. If the condition seems to run in your family or if this is your first baby, you may fear that you will have other babies with a cleft.

If you want to learn what the chances are of having another child with a cleft palate, any member of the cleft palate team will make it possible for you to talk with a Geneticist. A Geneticist is a physician who has spent many years studying about conditions that run in families. The Geneticist can help you better than your local family doctor who may <u>not</u> have had as much opportunity to study these conditions.

Now try these:

4. Parents often are afraid that future pregnancies will result in a cleft child. _____Yes _____No

5. Check who of the following can help you find a doctor to discuss the chances of having another baby with a cleft:

   a.____Any member of the Cleft Team.

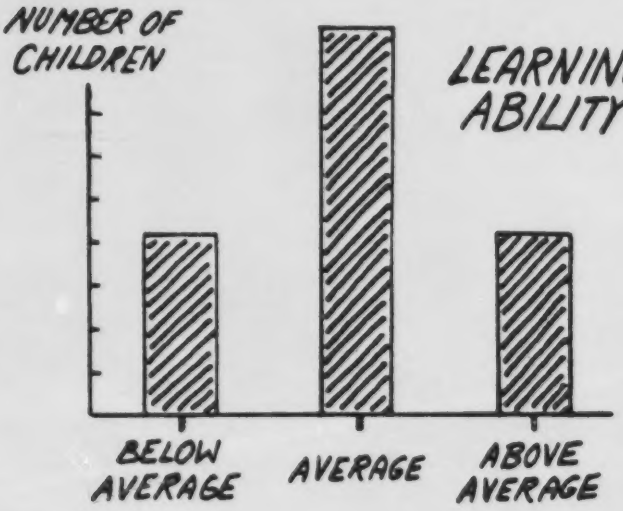
   b.____Your child's teacher.

   c.____Social Worker in the Oral, Facial and Communicative Disorders Clinic.

If you checked Yes to #4 and checked (a) and (c) under #5, you're moving along fine.

Parents sometimes worry about whether a child with a cleft will have difficulty in learning. Although your child may have a speech or hearing problem which can slow down his development in reading ability, it does

not mean he will be unable to learn. The mental ability of children with clefts varies as do children without this handicap--some are average, some below average, some above average.



LIKE ALL CHILDREN~ CHILDREN WITH CLEFTS VARY IN THEIR ABILITY TO LEARN.

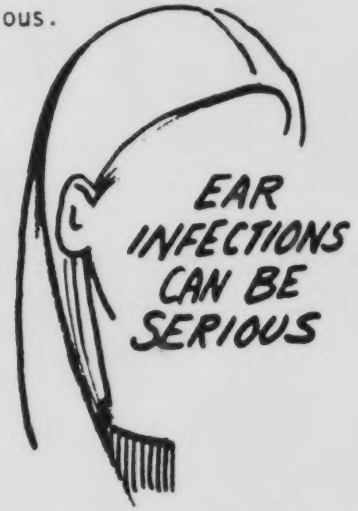
6. Here's a quick check-up. Again, a cleft child's ability to learn varies as do other children's without the problem.

Yes_____ No_____

If you said Yes, you have gotten the idea. Keep up the good work!

You will be able to help your child with a cleft in many ways. Your child may need surgery. Did you know that only three out of ten children who have their cleft palate repaired will have speech problems any longer as a result of the cleft palate?

Your child may have appointments with surgical, dental, speech, hearing, and other specialists. You can help him keep these important appointments. For example, if your child gets an ear infection there may be fluid in the middle ear. The bones in the middle ear will not move properly and your child may have difficulty hearing. This will mean he could have trouble in school hearing his teacher and therefore, he may do poorly in school. Difficulty in hearing can also lead to problems in speech. If infection continues over a long period of time, the infection can cause conductive hearing loss. This hearing loss may be difficult to correct. By keeping appointments any problem found may be corrected before becoming so serious.



The speech therapist may also tell you of special exercises that your child needs to practice at home; you can help a lot by helping your child with these exercises. You can also let your child know you are proud of his efforts, assure him that there are other people with similiar problems and explain to him the kinds of medical, dental and speech care that will help his condition.

Sometimes other children or grown-ups may tease your child about his speech or the way he looks; if so, you can explain to others what a cleft lip and palate are and why your child talks differently. You can explain, for example, that the top of his mouth did not grow together and that this makes it more difficult for him to talk like others.

With this explanation, it may be easier for others to accept your child as the person he is and not tease him.

7. Check the statements below that are correct.

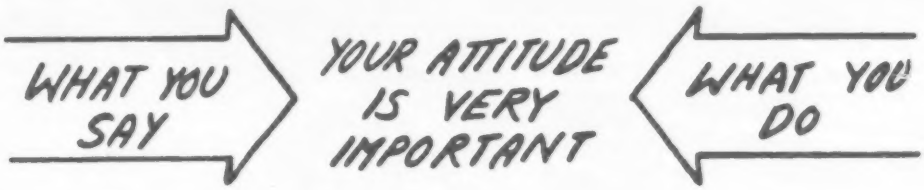
1) _____ Only three of ten children with a cleft palate will have speech problems following surgical repair.

2) _____ Ear infection can cause no damage to my child's hearing or speech.

3) _____ There is much as a parent I can do -- take my child to dental, medical, etc., appointments, help with speech exercises, etc.

4) _____ Explaining to others why my child has a speech problem may help them understand and tease him less.

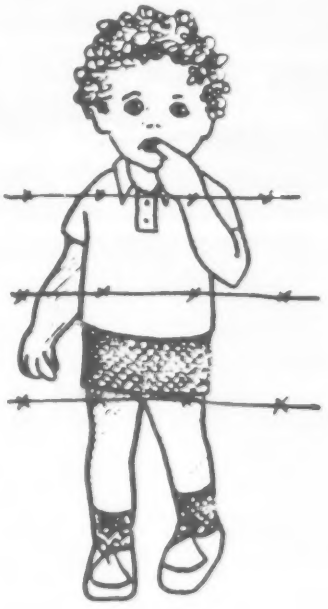
If you checked 1, 3 and 4 you are 100% correct. Number 2 is incorrect, of course, because infection can lead to hearing, speech and learning problems.



Your attitude as a parent is very, very important. Your child probably has only a physical problem; if treated appropriately, this physical problem does not have to have a negative effect on your child's personality, learning or mental growth. If you make a big issue of the cleft palate with your child, he will probably also see it as a big problem. Your child will know this from what you say as well as the way you act. For example, if you say little but act worried about the cleft palate, he will be able to see this. However, if you see the cleft palate as only a small part of your child, he will probably see it as a relatively small problem also.

If you feel that because your child has a cleft palate that he should be treated differently and give him special privileges, chances are that he will also feel that he should be given special privileges. You may feel that your child has a handicap. It may be easy to do everything for him. However, he will need to learn to take care of his own personal needs,

PARENTS SOMETIMES PAMPER THEIR CHILD WITH A CLEFT— OR TRY TOO HARD TO PROTECT HIM.



speak for himself, take his turn, and share with others as does any other child. By doing for himself -- having his own responsibilities such as caring for his room or having certain chores around the home -- and speaking for himself, he will be able to develop confidence in himself. If you are unsure as to how to build your child's ability to do for himself, you might talk with the social worker in the Oral, Facial and Communicative Disorders Clinic.

8. Check those which are correct.

1)_____My child will be able to tell how I feel about this cleft from what I say and how I act.

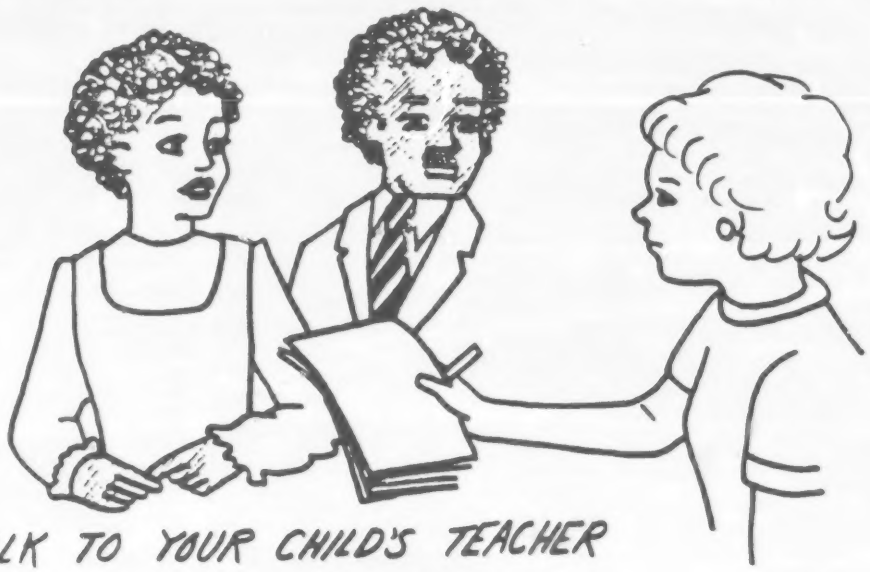
2)_____I should feel sorry for my child and let him have his way.

3)_____By speaking for himself at home and away from home, my child will gain self confidence.

4)_____My child needs his own responsibility -- to have chores around home, etc. -- to learn to share, to take turns and respond to discipline as any other child.

If you checked numbers 1, 3, and 4 you are ready to move right on!

You might also think about talking with your child's teacher to let her **know how** she can help.



TALK TO YOUR CHILD'S TEACHER

For example, if your child has hearing problems, the teacher may want to seat him near the front of the room where he can hear more easily. If your child should have frequent infections, need an operation, or have to go often for clinic visits (dentist, doctor, or speech therapist, etc.), it would be helpful if the teacher could know.

> Mrs. Brown has a child, Philip, in her class with a cleft palate. Mrs. Brown calls Philip when he is out of school to let him know his assignments. When Philip had to go to the hospital for surgery, Mrs. Brown helped Philip to know what assignments he could do in the hospital to keep up with the rest of the class. Mrs. Brown sent a note to the hospital teacher about the assignment and even sent Philip a get-well card.

9. Check those items that indicate how the teacher may help your child.

1)_____Seating him in the classroom so he can hear better.

2)_____Letting him know assignments to do while he is ill.

3)_____Sending a get-well card.

If you checked 1 and 2, you are understanding what is said. Who knows, your child's teacher might even send a get-well card as did Philip's teacher.

The teacher might help in other ways, too. It is upsetting for your child to be teased about a condition over which he has no control. If your child is sensitive about teasing, the teacher might explain what a cleft palate is and why your child talks differently.

If your child has a cleft lip, perhaps she will need to explain this to the class and why your child looks different. You will need to let the teacher know how your child is feeling, as he may try to hide his feelings in school. Don't expect the teacher to guess how he is feeling. She may be waiting for a suggestion from you that she explain the cleft palate problem to the class.

10. Check each statement that is true:

1)_____Your child's teacher will automatically know he is upset.

2)_____The teacher may be waiting for you to suggest she talk to the class about your child's cleft palate problem.

Number 1 is false because your child may hide, if possible, the fact that teasing hurts him. Number 2 is true. Just a few more to go!

From time to time you may think about the problems your child has with a cleft palate. This may make you unhappy or you may worry about him. It is normal to be concerned about him because you love him and want the best for him. You may worry, for example, that he has been taking medicine for a long time but cannot get over an ear infection. As you know, chronic ear infection can lead to hearing loss. Or, your child may not be doing as well in school as you think he should.

11. Please check the correct statements below.

1)_____It is normal for me to want to discuss worries about my child.

2)_____It is a good idea to discuss these worries because my child's problem might be taken care of before it becomes serious.

3)_____Someone in the Oral, Facial and Communicative Disorders Clinic or the Social Worker for the Oral, Facial and Communicative Disorders Clinic will be glad to talk with you about your concerns.

If you checked all of the above, you've made a perfect score.

With the help of the parent and the help of professionals, most cleft palate children grow up to become successful adults -- most persons with a cleft grow up to marry, take responsible jobs, and have a useful life.

Now, just one more thing to do. Please take the test at the end, and this will let us know if this information has been of help to you.

POST-TEST

1. Given the checklist provided below, indicate which are common responses to having a child with a cleft.

   a._____shock
   b._____happy
   c._____fearful of having another child with a cleft
   d._____envy
   e._____guilty (it's my fault)
   f._____worry about the child being normal mentally

2. Put a check by the following persons with whom it would be appropriate to discuss the chances of your having another baby with a cleft.

   a._____next-door neighbor
   b._____any member of the Cleft Team
   c._____social worker in the Oral, Facial and Communicative Disorders Clinic
   d._____speech consultant

3. Put a check by the following information you might want to share with your child's teacher.

   Information about:
   a._____his hearing problem
   b._____his favorite ice-cream
   c._____his need for any operations or clinic visits
   d._____how he feels about being teased about his speech or looks
   e._____explanation about any frequent infections

4. Indicate how often a baby with a cleft is born by checking appropriate space below.

   a._____There is one child born in a population the size of a very small town (600 to 1,000 people).
   b._____There is one child born in a population the size of a big city (100,000 people).

5. I feel it is normal that I want to discuss worries about my child.

   _____Yes _____No

6. Please check one of the spaces below in the following statement:

   If I am worried about medical care of emotional (nervous) problems I think my child is having, I would:

   a._____hesitate
   b._____not hesitate
   to call one of the people (speech therapist, social worker, dentist, etc.) I talked with in the Oral, Facial and Communicative Disorders Clinic.

POST-TEST ANSWERS

1. Given the checklist provided below, indicate which are common responses to having a child with a cleft.

   a. ✓ shock
   b. _____ happy
   c. ✓ fearful of having another child with a cleft
   d. _____ envy
   e. ✓ guilty (it's my fault)
   f. ✓ worry about the child being normal mentally

2. Put a check by the following persons with whom it would be appropriate to discuss the chances of your having another baby with a cleft.

   a. _____ next-door neighbor
   b. ✓ any member of the Cleft Team
   c. ✓ social worker in the Oral, Facial and Communicative Disorders Clinic
   d. _____ speech consultant

3. Put a check by the following information you might want to share with your child's teacher.

   Information about:
   a. ✓ his hearing problem
   b. _____ his favorite ice-cream
   c. ✓ his need for any operations or clinic visits
   d. ✓ how he feels about being teased about his speech or looks
   e. ✓ explanation about any frequent infections

4. Indicate how often a baby with a cleft is born by checking appropriate space below.

   a. ✓ There is one child born in a population the size of a very small town (600 to 1,000 people).
   b. _____ There is one child born in a population the size of a big city (100,000 people).

5. I feel it is normal that I want to discuss worries about my child.

   ✓ Yes _____ No

6. Please check one of the spaces below in the following statement:

   If I am worried about medical care of emotional (nervous) problems I think my child is having, I would:

   a. _____ hesitate
   b. ✓ not hesitate

   to call one of the people (speech therapist, social worker, dentist, etc.) I talked with in the Oral, Facial and Communicative Disorders Clinic.

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